



Montgomery County, Maryland  
**Workforce Housing (WFH) Program**  
**The Darcy**  
www.montgomerycountymd.gov/wfh



### INSTRUCTIONS FOR APPLICATION

The Montgomery County Department of Housing and Community Affairs (DHCA) uses this application to collect the information necessary to determine if your household meets the eligibility requirements of the Workforce Housing (WFH) Program. Incomplete applications will be returned.

#### Eligibility for the WFH Program

- ☐ A completed application with supporting documentation must be submitted to the Department of Housing and Community Affairs, 100 Maryland Avenue, 4<sup>th</sup> Floor, Rockville, MD 20850, Attn: Workforce Housing Program.
- ☐ You must provide a 2014 tax return (including schedules and W-2s) and the two most recent paystubs (four paystubs if paid weekly) for every adult in your household. Tax transcripts will not be accepted. If you have more than one employer, you must provide paystubs for each job. The combined incomes of every member of your household must meet the following income limits by household size:

Household Size*	Minimum Income	Maximum Income
1	\$53,500	\$91,500
2	\$61,000	\$105,000
3	\$69,000	\$118,000
4	\$76,500	\$131,000

- ☐ You must provide a mortgage pre-qualification letter from a lender in an amount that, when combined with your down payment, is sufficient to purchase the WFH unit. Once you are approved to participate in the program, you are not required to use the approved lender to obtain your mortgage.
- ☐ You must have the necessary savings for a down payment and closing costs. The WFH program does not provide mortgage financing, closing cost assistance, or down payment assistance. However, the Montgomery County Housing Opportunities Commission (HOC) has programs that may assist your household in purchasing a home. Please visit their website at <http://hoc-web-01.azurewebsites.net/extra/2-uncategorised/70-mortgage-finance-homeownership-programs.html>

#### Additional Documentation:

- ☐ Any adult member of the household that was not required to file a tax return in the most recent tax year must provide a Verification of Non-Filing form from the U.S. Internal Revenue Service (IRS). You may contact the IRS at 1-800-829-1040 or at <http://www.irs.gov/Individuals/Get-Transcript>.
- ☐ If you have a newborn child who was not listed on your Federal income tax return, you must provide a copy of the child's birth certificate. Unborn children are not included in your household size.
- ☐ If a dependent is 18 or older, you must verify whether they are a student or working. If they are a full-time student, you must provide their current school transcript.

**First Time Homebuyers:** The WFH program does not currently require applicants to attend a first-time homebuyer class. However, DHCA strongly advises that first-time homebuyers attend this one-time, free class in order to better understand the opportunities and responsibilities associated with home ownership. A list of classes and sign-up information can be found at <http://www.hcii.org/HomebuyersEducationSchedule.html>.



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**APPLICATION**

Complete ALL applicable blanks. **Incomplete applications will be returned.** This information will be used to determine your eligibility for the program. All information will be kept strictly confidential.

This Application must have photocopies of the following attached:

- ☐ Tax Return: A copy of the most recent Federal income tax return(s) for all adults in the household, with all schedules and W-2 forms.
- ☐ Paystubs: Copies of the two (2) most recent pay stubs showing GROSS income for every wage earner in the household. List all current jobs held by adults in your household.
- ☐ Mortgage Pre-Qualification Letter
- ☐ IRS Verification of Non-Filing, if applicable.
- ☐ School transcript for any adult that is currently enrolled in school.
- ☐ If your paystubs and taxes do not show your current address and you are seeking a priority point for living in Montgomery County, proof of residence is required. (lease, utility bill, etc.)
- ☐ If your taxes do not show the same household members as your application, copies of divorce, separation agreement, birth certificates, death certificates, etc., if applicable.

**HOUSEHOLD INFORMATION:** Provide the requested information for each household member who will be living in the Workforce Housing unit. Spouses and all members of the household must be included on the application.

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of Birth</u>
1. _____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
2. _____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
3. _____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
4. _____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____

In order for a dependent child to be included in the household size, the parent or guardian must provide documentation that shows that the child resides with you.

Any dependent listed above who is 18 years of age or older must document if he/she is employed or a student.



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**FOR EACH ADULT MEMBER OF YOUR HOUSEHOLD COMPLETE THE FOLLOWING:**

**Applicant:**

1. Applicant's Name (First, Middle, Last)	2. Social Security Number	3. Email
4. Applicant's Address (Street, City, State, Zip)		
5. Home Phone	6. Cell Phone	7. Work Phone
8. Employer	9. Employer's Address (where you go to work)	
10. Yearly Salary	11. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
12. Employer (if you have more than one job)	13. Employer's Address (where you go to work)	
14. Yearly Salary	15. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
16. Do you receive alimony? Circle: Yes or No If Yes, what is the yearly amount? _____		
17. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____		

**Co-Applicant:**

1.Co-Applicant's Name (First, Middle, Last)	2. Social Security Number	3. Email
4. Applicant's Address (Street, City, State, Zip)		
5. Home Phone	6. Cell Phone	7. Work Phone
8. Employer	9. Employer's Address (where you go to work)	
10. Yearly Salary	11. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
12. Employer (if you have more than one job)	13. Employer's Address (where you go to work)	

14. Yearly Salary	15. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)
16. Do you receive alimony? Circle: Yes or No   If Yes, what is the yearly amount? _____	
17. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____	

**Other Adult Household Member:**

1. Applicant's Name (First, Middle, Last)	2. Social Security Number	3. Email
4. Applicant's Address (Street, City, State, Zip)		
5. Home Phone	6. Cell Phone	7. Work Phone
8. Employer	9. Employer's Address (where you go to work)	
10. Yearly Salary	11. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
12. Employer (if you have more than one job)	13. Employer's Address (where you go to work)	
14. Yearly Salary	15. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
16. Do you receive alimony? Circle: Yes or No   If Yes, what is the yearly amount? _____		
17. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____		

**PRIORITY POINTS:** Please check the appropriate boxes below. If an answer is "yes", please provide the requested information; if "no", please leave blank

A. Is at least one member of your household currently employed as a public employee of: Montgomery County government, the Montgomery County school system, a municipality located in Montgomery County, or a local government sponsored enterprise serving Montgomery County such the Housing Opportunities Commission (HOC), the Maryland-National Capital Park and Planning Commission, or the Washington Suburban Sanitary Sewer Commission (WSSC), etc.?

Yes ☐ No ☐ If "yes" Household Member's Name \_\_\_\_\_  
 Employer's Name \_\_\_\_\_

B. Is at least one member of your household currently participating in an employer-sponsored housing assistance program, such as receiving a housing assistance stipend, or receiving closing cost and/or down payment assistance?

Yes ☐ No ☐ If "yes" Household Member's Name \_\_\_\_\_  
 Employer's Name \_\_\_\_\_  
 Employer Contact Name & Phone Number \_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_ 1

\_\_\_\_\_ 1

<p>C. Does at least one household member currently live in Montgomery County?  Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" Household Member's Name _____</p>	_____ 1
<p>D. Is at least one household member currently employed in a business, establishment, or public agency located in Montgomery County?  Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" Household Member's Name _____  Employer's location _____</p>	_____ 1
<p>E. Do any of your household members currently rent or own a Moderately-Priced Dwelling Unit (MPDU) located in Montgomery County?  Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" Household Member's Name _____  MPDU Address _____</p>	_____ 1
TOTAL _____	

**CERTIFICATIONS (signatures required from Head of Household, Co-Applicant and all adult Household Members):**

By signing below:

I/We understand that the information provided will be kept confidential and will only be used to determine our eligibility for the WFH program.

I/We agree to allow the County or any WFH program administrative agency designated by the County to review my/our application and supporting documents (including the credit histories of the applicant and co-applicant) to determine my/our present and continuing eligibility.

I/We certify that the information provided on this application is true and complete to the best of my/our knowledge. I/We are aware that any misrepresentation will result in the forfeiture of my /our right to be eligible for the Workforce Housing Program, that the County may make inquiries to verify this information, and that the County may take legal action against persons who benefit from the Workforce Housing program under false pretenses.

I/We certify that I/we have read, understand, and will comply with the Workforce Housing (WFH) program rules.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Name (Printed)

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Other Adult Household Member (Printed)

\_\_\_\_\_  
Other Adult Household Member Signature

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